MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

DEC 13 1939

39422
Do not use this space.

1. PLACE OF DEATH
(a) County COOPER — Registration District No. 218
(b) Township — Primary Registration District No. 3015 — Registered No. 123
(c) City or Township BOONVILLE (d) Street No. 800 MAIN St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 256 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HENRY BEISEMEYER
(a) Residence, No. 401 E. HIGH ST. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: SINGLE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MAY 8 - 1874
7. AGE: YEARS 65 | MONTHS 6 | DAYS 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. TRUCK DRIVER
9. Industry or business in which work was done, as saw mill, bank, etc. SHELL OIL Co.
10. Date deceased last worked at this occupation (month and year) NOV - 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) WARREN COUNTY MISSOURI

FATHER
13. NAME ERNEST BEISEMEYER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME CAROLINE WESSEL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WEST VIRGINIA

17. INFORMANT GEO. BEISEMEYER (ADDRESS) BOONVILLE MO
18. BURIAL, CREMATION, OR REMOVAL NEW FRANKLIN PLACE MT. PLEASANT DATE NOV 26 1939
19. FUNERAL DIRECTOR (NAME) STEGNER-KOENIG (ADDRESS) BOONVILLE-MO.
20. FILED 11-24 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 24 1939
22. I HEREBY CERTIFY, That I attended deceased from not attended, 19..., to ..., 19...
I last saw h... alive on not seen alive, 19... Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	unknown

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. C. Tincher M. D.
(Address) Boonville Mo
Coroner of Cooper County Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X16503

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/7/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.